

Acknowledgment of service

Name of court

**County Court Business Centre
Online Court**

Claim No.

Claimant
(including ref.)

Defendant

The defendant's full name, if different from the name given on the claim form (OCPN1)

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The defendant's date of birth is

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Address to which documents about this claim should be sent (including reference if appropriate)

Postcode <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								If applicable	
	Phone no.								
	DX no.								
Your ref.									

E-mail

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Tick the appropriate box☐ I intend to respond this claim

You must return this form and your response to the court by 4pm on

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☐ I would like more time to respond to this claim

You must return this form to the court by 4pm on

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If you do not send your response to the court a judgment may be made against you.

I declare that the details I have given are true to the best of my knowledge

Signed

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Date

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Position or office held (if signing on behalf of firm or company)

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